

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4	1					
5	1	1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13	1	1				
14	1	1				
15		1				
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20	1					
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	11					
TOTAL CLAIMS	25					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						